



**RESPONSE UNDER 37 C.F.R. §1.116
- EXPEDITED PROCEDURE-
EXAMINING GROUP 2128**

Docket No.: S1022.80847US00
(PATENT)

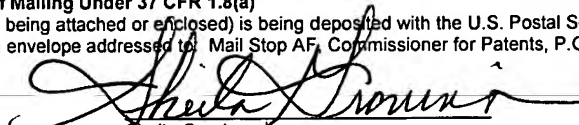
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Nicholas Pavay
Serial No.: 10/074265
Confirmation No.: 5021
Filed: February 12, 2002
For: STATE COVERAGE TOOL
Examiner: H. M. Jones
Art Unit: 2128

Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 15, 2006


Sheila Gravina

AMENDMENT AFTER FINAL ACTION UNDER 37 C.F.R. 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated March 15, 2006, finally rejecting claims 1-19,
please consider the following:

Amendments to the Claims are reflected in the **Listing of Claims** which begins on page 2
of this paper.

Remarks/Arguments begin on page 6 of this paper.



AF
JFW

AMENDMENT TRANSMITTAL LETTER			Docket No. S1022.80847US00
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Application No. 10/074265-Conf. #5021	Filing Date February 12, 2002	Examiner H. M. Jones	Art Unit 2128
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Applicant(s): Nicholas Pavey

Invention: STATE COVERAGE TOOL

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	19	- 19 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

- ☒ Large Entity ☐ Small Entity
- ☒ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 23/2825
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Daniel P. McLoughlin
Attorney/Agent Reg. No.: 46,066
WOLF, GREENFIELD & SACKS, P.C.
Federal Reserve Plaza
600 Atlantic Avenue
Boston, Massachusetts 02210-2206
(617) 646-8227

Dated: May 15, 2006

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Dated: May 15, 2006

Signature:  (Sheila Gravina)